PART B - FEE(S) TRANSMITTAL

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23460 LEYDIG VOI TWO PRUDEN 180 NORTH ST		Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.							
CHICAGO, IL 60601-6731					Wilma Del Nagro (Depositor's name)				
05/18/2007 FHETEKI2 00000022 121216 10809664					Milme Pellagro (Signature)				
01 FC:1501 140			1ay 11,	2007		(Date)			
02 FC:1504 30 APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	ITOR	-	ATTOR	NEY DOCKET NO.	CONFIRMATION NO.	
10/809,664	Joseph F. Bader				222104	7832			
TITLE OF INVENTION	: MOUNTING FOOT F	OR LIGHT BAR						<i>!</i>	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE	OUE PF	REV. PAID ISSU	JE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	ИО	\$1400	\$300		. \$0		\$1700	05/14/2007	
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS	S					
TON, ANABEL 2875		2875	362-493000						
I. Change of correspond CFR 1.363). Change of corresp Address form PTO/SI "Fee Address" ind PTO/SB/47; Rev 03-6 Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI	the patent. If an assignee is identified below, the document has been filed for g an assignment. CITY and STATE OR COUNTRY)								
Federal Signal Corporation Oak Brook, Illinois									
Please check the appropriate assignee category or categories (will not be printed on the patent):									
4a. The following fee(s) ☐ Issue Fee ☐ Publication Fee (N) ☐ Advance Order -	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-1216 (enclose an extra copy of this form).								
	ns SMALL ENTITY state	is. See 37 CFR 1.27.	☐ b. Applicant is no	o longer	claiming SMA	LL ENT	ITY status. See 37 C	FR 1.27(g)(2).	
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